

11. Category of Services the Business will Provide: (Check all that apply)

The business license fee includes one category. A separate \$50.00 fee is required for each additional category selected.

- | | |
|---|---|
| <input type="checkbox"/> Private Investigator | <input type="checkbox"/> Security Canine Handlers |
| <input type="checkbox"/> Personal Protection Specialist | <input type="checkbox"/> Security Officers/Couriers |
| <input type="checkbox"/> Armored Car Personnel | <input type="checkbox"/> Electronic Security Services |

12. Type of Ownership: (Check One)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Partnership* | <input type="checkbox"/> Limited Liability Company* |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Corporation* | <input type="checkbox"/> Other _____ |

* If your business is a Limited Partnership, Limited Liability Company or Corporation, your business/trade name(s) must be registered with the Virginia State Corporation Commission. For additional information, contact the SCC at (804) 371-9733.

Virginia State Corporation Commission Number: _____
(If applicable)

13. List all principals (Owners/Officers/Directors) Below:

(If corporation, list Officers/Directors listed with SCC)

Name	Title	SSN

If additional space is needed, please attach a separate sheet of paper

14. Have all Principals (Owners/Officers/Directors) and supervisors submitted fingerprints for a Criminal History Check within the previous 12 months of this application? ☐ Yes ☐ No *

***If No**, all Owners/Officers/Directors and supervisors are required to submit a Fingerprint application form PSS_FP, a fingerprint card and \$50.00 processing fee for a national and state criminal history check.

15. Please attach Proof of Liability: (minimum requirements) Expiration Date: _____
mm/dd/yy

- ☐ \$100,000 Surety Bond – *Attach copy of surety bond*, **OR**
- ☐ General Liability \$100,000/\$300,000 – *Attach Certificate of Insurance to include exclusions*. Note: Please verify legal entity name is reflected on certificate of insurance, if not please submit copy of insurance declarations in addition to certificate of insurance.

16. Is your business currently licensed as a private security business in any other state or jurisdiction?

☐ No ☐ Yes If yes, please submit written notification of state(s) or jurisdiction(s)

17. Have you or any owner, officer, director, or employee committed any act or omission which resulted in a license or registration being suspended, revoked, not renewed or being otherwise disciplined in any local, state (including Virginia) or national regulatory body?

☐ No

☐ Yes If yes, attach copies of any correspondence or documentation related to this matter to include the name of the jurisdiction in which it took place, the license number and the name of the business/individual involved. Provide an explanation of the events, including a description of the disciplinary proceeding and the type of sanctions that were imposed.

I, the undersigned, certify that all information contained on this application is true and correct to the best of my knowledge and I have not omitted any pertinent information. I understand that any misrepresentation, falsification or omission of pertinent information may be cause for denial and may result in criminal charges. I understand that I am responsible for maintaining full compliance with Virginia Code Sections 9.1-138 through 9.1-150 and the Regulations Related to Private Security Services 6 VAC 20-171

President/Principal Owner (or designated representative) _____
Print Name

Signature Required: _____ Date: _____
mm/dd/yy

Payment Information

Please enclose appropriate application fees payable to: Treasurer, Commonwealth of Virginia		
		Total
License Fee (License is issued for 2 years)		\$800.00
Total <u>Additional</u> Categories (License Fee includes 1 category)	_____ x \$50.00	
Total Fee Enclosed:		\$